Docket #	

Columbus Plan Commission Special Use Application

CHECK OHE	•					
Minor Modification Type or print legibly		Rezoning to Special Use	Site Plan A	Site Plan Approval		
Applicant:						
	Name					
Number	Street	City	Sta	ate ZIP		
Telephone No.		FAX No E-m				
Owners (not c	ontract buyers)	as shown on the county tax records:				
Name(s)						
Number	Street	City	Sta	ate ZIP		
Telephone No.		FAX No	E-mail			
		Proposed Zoning Class OR sq. feet	assification: SU			
		ff and such other persons as the staff may durpose of analyzing this request.	eem appropriate to ente	r upon the propert		
Location of Pr	<u>operty</u>					
Address						
Stree	et	City		Zip		
The property is	located in	Township.				
Name of Surve	yor or Architect:					
				7 :.		
Stree	et	City	State	Zip		
T		FAX E-ma	ail			

Note: If you are buying on land contract, you are not the owner; the actual owner must sign application.

Representation

Is there another person or company (i.e., attorney, surveyor, developer, realtor) authorized to present this to the

appropriate commission	on your behalf?	YES	NO	
If <u>yes</u> , name of person o	r company			
Street	City		State	Zip
Telephone	FAX	E-m	ail	
<u>Notification</u>				
	or company (i.e., potential n? YES NO		o should receive ager	ndas, reports, or other notices
If <u>yes</u> , name of person of	or company			
Street	City		State	Zip
Telephone	FAX		E-mail	
	ning staff and such other pe erty involved in this request f			ate to enter upon, photograph est.
I swear or affirm unde my knowledge and be	r the penalties for perjury lief.	, that the fore	egoing representatio	ns are true to the best of
Signature(s) of owners				Date
				Date
(Attach additional sheet	s if necessary)			